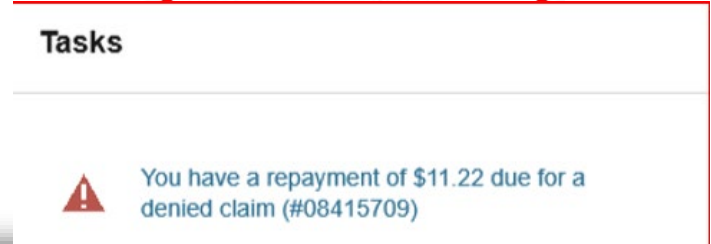
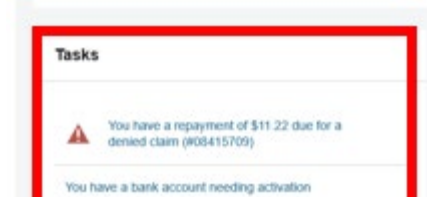


Ciertas situaciones pueden requerir que reembolse a Infinisource una reclamación pagada que, o es un gasto inelegible, o le falta documentación. Esto se puede completar fácilmente en el Portal en línea.

Pasos para hacer un reembolso de pago

El reembolso de la reclamación se requiere una vez que la reclamación pagada es denegada y se marca para reembolso. Podrá reembolsar el pago en línea.

1. En **Tareas**, verá una alerta sobre un reembolso. Haga clic en el enlace para comenzar el proceso.
2. Vea la partida con la reclamación denegada. Haga clic en **Reembolsar**.



Accounts / Repayments

Repayments are necessary when claims have been paid to you but later denied. This page displays any pending repayments as well as past repayments.

View the appropriate Denial Letter with Repayment Notification for instructions on how to satisfy your outstanding repayment(s). The Create Date of the Denial Letter with Repayment Notification on Statements and Notifications page should be the day after the corresponding repayment Denial Date below.

Pending Repayments

Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Original Repayment	Outstanding Repayment Due	
11/30/2017	11/30/2017	MedicalFI...	Hospital	Provider	\$0.03	\$0.03	View Denial View Claim
11/30/2017	11/30/2017	MedicalFI...	Hospital	Provider	\$0.02	\$0.02	View Denial View Claim
1/4/2018	11/29/2017	MedicalFI...		Check	\$2.15	\$2.15	View Denial View Claim Repay
11/28/2017	11/28/2017	MedicalFI...	dd	Check	\$5.00	\$1.67	View Denial View Claim

Total Outstanding Amount: \$3.87

3. Si tiene una cuenta bancaria en su expediente, elija esa cuenta. Si no ha configurado una cuenta bancaria, se le solicitará que añada una cuenta. Una vez que introduzca la información de la cuenta bancaria, haga clic en **Reembolsar**.

Repayments / Repay

Repayment Details

Denial Date: 11/29/2017

Account: fsa (1/9/2017 - 12/31/2017)

Original Repayment: \$200.00

Repaid Amount: (\$0.00)

Outstanding Repayment Due: \$200.00

Repayment from Bank Account

Repayment From: Test (Checking)
Routing Number 123456789
Account Number xxx4987
[Update Bank Account](#)

Repayment On: 1/18/2018

Repayment Amount: \$200.00

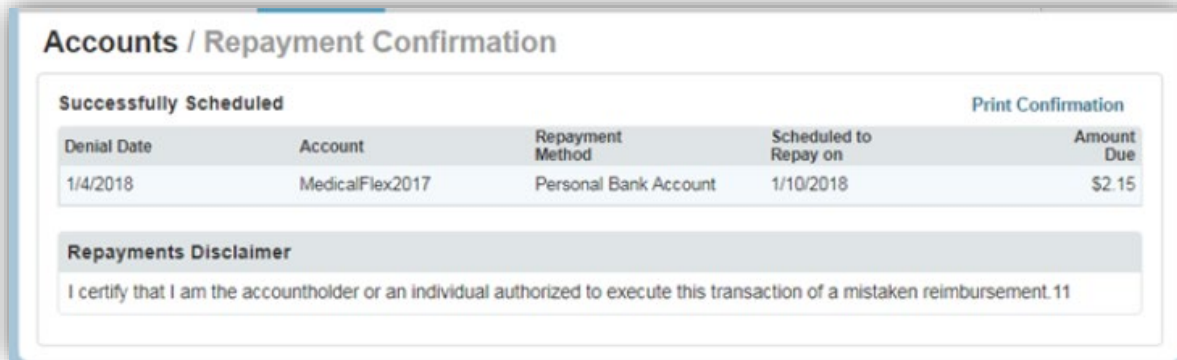
Repayment Disclaimer

I certify that I am the account holder or an individual authorized to execute this transaction of a mistaken reimbursement. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I authorize the administrator to debit my bank account for the amount I have indicated in the transaction. I assume full responsibility for this transaction and will not hold the administrator, including its agents and employees, liable for any adverse consequences that may result. I have not received tax or legal advice from the administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by the administrator. I understand that this transaction may be revoked or cancelled by contacting the administrator on the date of the transaction.

I have read, understand, and agree to the information and terms above.

Cancel **Submit**

4. Una vez que haya creado con éxito el reembolso (monto de reembolso enviado), recibirá un mensaje de confirmación dentro del portal en línea.



La página de pagos también mostrará los pagos programados, los pagos reembolsados y los pagos cancelados.

Scheduled Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Amount	Scheduled to Repay On
There are no records to display.						
Repaid Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Amount	Repaid on
12/11/2017	11/30/2017	MedicalFL...	Hospital	Provider	\$0.01	12/11/2017
12/11/2017	9/22/2017	1Plan201...		Payroll Deduction	\$1.01	12/15/2017
11/28/2017	9/22/2017	1Plan201...		Payroll Deduction	\$1.00	12/1/2017
11/28/2017	9/22/2017	1Plan201...		Personal Bank Account	\$3.00	11/28/2017 from xxxx9478
11/27/2017	7/12/2017	MedicalFL...		Personal Bank Account	\$0.02	11/29/2017 from xxxx9478
11/27/2017	7/12/2017	MedicalFL...		Personal Bank Account	\$0.05	12/19/2017 from xxxx9478
9/15/2017	7/12/2017	MedicalFL...		Personal Bank Account	\$0.12	12/19/2017 from xxxx9478
Canceled Repayments						
Denial Date	Date of Service	Account	Merchant / Provider	Repayment Method	Amount	
11/28/2017	11/28/2017	MedicalFL...	dd	Check	\$2.25	

Recuerde, ahora puede utilizar la **modalidad móvil** al usar su teléfono inteligente para acceder a:

- Saldo de cuentas FSA
- Presentar reclamos de reembolso
- Enviar recibos utilizando la cámara de un dispositivo móvil
- Configurar alertas a través de mensajes de texto



Verifique su información con facilidad ahora usando un dispositivo activado por iPhone, iPod Touch, iPad o Android.